

TEAM NAME _____

**PREMIER CLAYTON SHOCKERS
20011/12 ABSENTEE FORM**

NAME _____ PHONE _____ TODAY'S DATE _____

DATE OF ABSENCE(S) _____

Please check one of the following:

- School affiliated sports activity (Coach's signature required) _____
(i.e. track, cheerleading game, soccer, etc.)
 - School function for a grade (Teacher's signature required) _____
 - Sick (Doctor's note or signature required)
 - Other: Explain _____
-

Parents Signature: _____

Please note:

- Forms must be turned in prior to the missed practice or they will be **unexcused**.
- In the case of sickness, the form with an appropriate signature must be turned in at the first practice following the illness.
- We understand that other circumstances may arise and they will be taken on a case by case basis.
- Excessive absence, tardy or early dismissal will result in dismissal from the squad.

TEAM NAME _____

**PREMIER CLAYTON SHOCKERS
2004/05 ABSENTEE FORM**

NAME _____ PHONE _____ TODAY'S DATE _____

DATE OF ABSENCE(S) _____

Please check one of the following:

- School affiliated sports activity (Coach's signature required) _____
(i.e. track, cheerleading game, soccer, etc.)
 - School function for a grade (Teacher's signature required) _____
 - Sick (Doctor's note or signature required)
 - Other: Explain _____
-

Parents Signature: _____

Please note:

- Forms must be turned in prior to the missed practice or they will be **unexcused**.
- In the case of sickness, the form with an appropriate signature must be turned in at the first practice following the illness.
- We understand that other circumstances may arise and they will be taken on a case by case basis.
- Excessive absence, tardy or early dismissal will result in dismissal from the squad.